

Registration District No. **547**

Primary Registration District No. **3029**

Registrar's No. **288**

1. PLACE OF DEATH:

(a) County **Marion**
(b) City or town **Hannibal**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Levering Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **William Tucker Foster**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **471-14-2608**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Bettie C.** 6. (c) Age of husband or wife if alive **77** years

7. Birth date of deceased **April 3, 1862**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 **6** **22** hr. min.

9. Birthplace **Pike County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **James Foster**

13. Birthplace **South Carolina**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth E. Ford**

15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. W. T. Foster**

(b) Address **802 R. Street**

17. (a) **Burial** (b) Date thereof **10/27/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mount Oliver**

18. (a) Signature of funeral director **W. C. Fisher**

(b) Address **902 Broadway Hannibal**

19. (a) **10-30-41** (b) **W. C. Fisher**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Marion**
(c) City or town **Hannibal**
(If outside city or town limits, write "RURAL")
(d) Street No. **802 R.**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **25**
year **1941** hour **4** minute **00** P. M.

21. I hereby certify that I attended the deceased from **July 1933** to **Oct 25**, 19**41**.

that I last saw him alive on **Oct 25**, 19**41**, and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to **Ch. myocarditis**

Due to **Ch. myocarditis**

Other conditions **Ch. myocarditis**
(Include pregnancy within 3 months of death)

Major findings: Of operations **131.8**

Of autopsy **131.8**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) While at work? _____ Means of injury _____

23. Signature **W. C. Fisher** (M. D. or other) _____

Address **902 Broadway Hannibal** Date signed **10/28/41**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

James A. Molo

Licensed Embalmer No..... 3296.....

P. O. Address..... Hannibal Missouri.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.